

L160000080333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

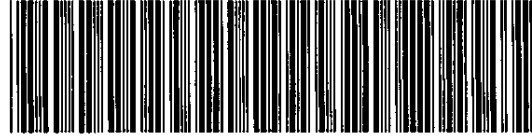
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 22 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just-In Time Appraisal, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Andrew Kornetti
Name of Person

Just-In Time Appraisal LLC
Firm/Company

P.O. Box 501153
Address

Macon, FL 32050
City/State and Zip Code

justinkornetti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY Kelley at (727) 459-0493
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Just-In Time Appraisal, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/25/2014 and assigned Florida document number L16000080333.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15 Sombrero Blvd - Unit 211

Marathon, FL 33050

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 501153

Marathon, FL

33050

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Justin Kornetti

New Registered Office Address:

15 Sombrero Blvd - Unit 211

Enter Florida street address

Marathon

City

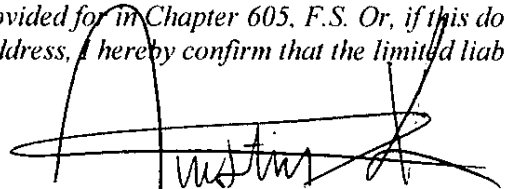
Florida

33050

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	Alexandra Kelley	15 sombrero Blvd - Unit 211	<input type="checkbox"/> Add
		Marathon, FL	<input checked="" type="checkbox"/> Remove
		33050	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Justin Kometti	15 sombrero Blvd - Unit 211	<input checked="" type="checkbox"/> Add
		Marathon, FL	<input type="checkbox"/> Remove
		33050	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

		↓ ↓	<input type="checkbox"/> Change
AMBR	Alexandra Kelley	" "	<input checked="" type="checkbox"/> Add
		same address as the	<input type="checkbox"/> Remove
		one listed above ↑	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I originally tried to include Alexandra Kelley as a member/person ~~who~~ who will have a minor role in the company. Originally she was added as a manager because I thought ^{that} ~~that~~ would be fine since I would be the owner. Turns out I was incorrect and she has complete control over the business.

I am just trying to amend the LLC to have myself, Justin Kornetti, as the manager and person who has sole control over the business. I would just like to add/have Ally as a member of the company since she will eventually be working part time, and a person to contact in case of emergency or you're unable to reach me.

E. Effective date, if other than the date of filing: 7/18/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7/18, 2016

Signature of a member or authorized representative of a member

Justin Andrew Kornetti

Typed or printed name of signee